

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4						
5						
6						
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30						
31						
32						
33						
34	2					
35		2				
36						
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38						
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47						
48						
49						
50						
<b>TOTAL IND.</b>	<b>2</b>					
<b>TOTAL DEP.</b>	<b>6</b>					
<b>TOTAL CLAIMS</b>	<b>8</b>					

	IND.	DEP.	IND.	DEP.
61				
62				
63				
64				
65				
66				
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96				
97				
98				
99				
100				
<b>TOTAL IND.</b>				
<b>TOTAL DEP.</b>				
<b>TOTAL CLAIMS</b>				